

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC Rider: Endorsement 2012
Project Name/Number: LTC Rider: Endorsement 2012/LTC Rider: Endorsement 2012

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)
Product Name: LTC Rider: Endorsement 2012
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form
Date Submitted: 12/14/2012
SERFF Tr Num: MANU-128805388
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LTC RIDER: ENDORSEMENT 2012

Implementation

Date Requested:
Author(s): Nina Kassim, Helene Landow, Karren Phair, Debbie Tom, Jacqueline Lau, Kelly Picard
Reviewer(s): Donna Lambert (primary)
Disposition Date: 12/17/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)
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General Information

Project Name: LTC Rider: Endorsement 2012 Status of Filing in Domicile: Pending
Project Number: LTC Rider: Endorsement 2012 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: State of Domicile: Michigan
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/17/2012
State Status Changed: 12/17/2012
Deemer Date: Created By: Kelly Picard
Submitted By: Kelly Picard Corresponding Filing Tracking Number:

Filing Description:

N.A.I.C. # 65838
FEIN #01-0233346

Endorsement to 05LTCR Acceleration of Life Insurance Death Benefit
for Qualified Long Term Care Services Rider

Form Number: LTCR-Owner/Insured Endorse

We are submitting the above form for your approval. This is a new form and does not replace any currently approved form.
The form will be effective on the date of approval.

The form will be laser printed, subject only to minor variations in color, paper stock, duplexing, fonts, positioning and line endings. The form will be printed with identical form number, content, headings and footers as shown in this submission. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards.

Endorsement Form LTCR-Owner/Insured Endorse, will be used with all new issues of previously approved Rider Form 05LTCR Acceleration of Life Insurance Death Benefit for Qualified Long Term Care Services Rider which was approved by your state on June 22, 2005. This endorsement amends provisions of the rider to clarify the benefits provided to the Owner and the Life Insured under the rider.

The Actuarial Memorandum on file as part of your state's previous approval of the rider referenced above is not changed by this endorsement form LTCR-Owner/Insured Endorse now being filed.

We trust the form is acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-5431 or via email at kelly_picard@jhancock.com.

Sincerely,

Kelly Picard
Compliance Consultant

Enclosures: Statement of Variability
Readability Certification

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)
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Filing Fee (EFT)

Compliance Certification re Regulation 19

Company and Contact

Filing Contact Information

Kelly Picard, Compliance Consultant Kelly_Picard@jhancock.com
200 Bloor St E 416-852-5431 [Phone]
Toronto, ON M4w 1E5

Filing Company Information

John Hancock Life Insurance CoCode: 65838 State of Domicile: Michigan
Company (U.S.A.) Group Code: 904 Company Type:
P. O. Box 600 Group Name: insurance/financial
Contracts and Compliance FEIN Number: 01-0233346 State ID Number:
Buffalo, NY 14201-0600
(416) 926-3000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form x \$50
Per Company: No

| Company | Amount | Date Processed | Transaction # |
|--|---------|----------------|---------------|
| John Hancock Life Insurance Company (U.S.A.) | \$50.00 | 12/14/2012 | 65780683 |

| | | | |
|-----------------------------|---|------------------------|--|
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| Project Name/Number: | LTC Rider: Endorsement 2012/LTC Rider: Endorsement 2012 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 12/17/2012 | 12/17/2012 |

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|-----------------------------|---|------------------------|--|
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Disposition

Disposition Date: 12/17/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved | Yes |
| Supporting Document | Application | Approved | Yes |
| Supporting Document | Health - Actuarial Justification | Approved | Yes |
| Supporting Document | Outline of Coverage | Approved | Yes |
| Supporting Document | Statement of Variability | Approved | Yes |
| Supporting Document | Compliance Certification re Regulation 19 | Approved | Yes |
| Form | Endorsement | Approved | Yes |

| | | | |
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Form Schedule

| Lead Form Number: | | | | | | | | |
|-------------------|------------------------|-------------|----------------------------|-----------|-------------|----------------------|-------------------|--------------------------------|
| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
| 1 | Approved 12/17/2012 | Endorsement | LTCR-Owner/Insured Endorse | POLA | Initial | | | LTCR-Owner-Insured Endorse.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |



John Hancock Life Insurance Company (U.S.A.)
A Stock Company

ENDORSEMENT TO SUPPLEMENTARY BENEFIT ACCELERATION OF LIFE INSURANCE DEATH BENEFIT FOR QUALIFIED LONG-TERM CARE SERVICES RIDER

This endorsement is attached to and made part of your rider at issue and takes effect at the same time as your rider. This endorsement, as described below, amends certain provisions of your rider to clarify the benefits provided to you and to the Life Insured under this rider.

NONCANCELABLE

The final sentence of this section is amended as follows:

This rider may be continued, with the timely payment of premiums, for as long as the Life Insured lives or until the rider is terminated in accordance with the Termination provision.

EXTENSION OF BENEFITS WHEN THE OWNER IS THE LIFE INSURED

The section has been replaced in its entirety as follows:

EXTENSION OF BENEFITS

If the Life Insured is confined in a Nursing Home, and the policy terminates while you are receiving continuous, uninterrupted benefits under this rider, benefits for such Nursing Home confinement will continue until the earlier of the following dates:

- (a) the date the Life Insured is discharged from the Nursing Home;
- (b) the date when the Face Amount remaining after any monthly benefit payment is zero; or
- (c) the date of the Life Insured's death.

If benefits are continued under this Extension of Benefits provision, we will calculate the Face Amount remaining as if your policy had remained in force, but NO Insurance Benefit will be payable to the beneficiary under the policy.

This Extension of Benefits will be subject to all of the provisions of this rider (including but not limited to the Elimination Period and Eligibility for the Payment of Benefits.)

PROVISIONS

The second paragraph under the **Grace Period** section of the policy has been amended as follows:

The notice provided under the policy will be provided to you, to the Life Insured, and to the person or persons you or the Life Insured designate. The application for this rider may name the person or persons to receive notice. You may change the designation at any time. We will provide you and the Life Insured with a reminder of the right to change this written designation every two years.

Should any provisions in the policy conflict with this endorsement, the provisions of this endorsement will prevail.

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

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| | | | |
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Supporting Document Schedules

| | | | |
|--|---|--------------|--------------|
| | | Item Status: | Status Date: |
| Satisfied - Item: | Flesch Certification | Approved | 12/17/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| readability - LTCR-Owner-Insured Endorse.pdf | | | |
| | | Item Status: | Status Date: |
| Bypassed - Item: | Application | Approved | 12/17/2012 |
| Bypass Reason: | not applicable | | |
| | | Item Status: | Status Date: |
| Bypassed - Item: | Outline of Coverage | Approved | 12/17/2012 |
| Bypass Reason: | not applicable | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Statement of Variability | Approved | 12/17/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| SOV - Generic LTCR Endorse 2012.pdf | | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Compliance Certification re Regulation 19 | Approved | 12/17/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| AR - cert re Reg 19 ar.pdf | | | |

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

READABILITY CERTIFICATE

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that this form meets the requirements of your readability legislation.


FORM NUMBER

READABILITY SCORE

LTCR-Owner/Insured Endorse

45

December 10, 2012
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

**STATEMENT OF VARIABILITY
December 10, 2012**

**ENDORSEMENT FORM
LTCR-Owner/Insured Endorse**

| Section / Section # | Page Number | Description |
|----------------------------|--------------------|---|
| Signature | Page 1 | <ul style="list-style-type: none">• Officer Signature is bracketed to accommodate future changes. |

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)


COMPLIANCE CERTIFICATION

STATE OF ARKANSAS

Form LTCR-Owner/Insured Endorse - Endorsement

John Hancock Life Insurance Company (U.S.A.) hereby certifies to its understanding of the filing requirements of Arkansas Regulation 19 §10B re unfair sex discrimination in the sale of insurance and that this filing meets the provisions of this rule, as well as all applicable requirements of the Arkansas Insurance Department.

December 11, 2012
Date



Helene Landow, FLMI, ACP
Director, U.S. Contracts